

BIOGRAPHICAL AFFIDAVIT
(Print or Type)

Full Name and Address of Company (Do Not Use Group Names): _____

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)
IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials not Acceptable): _____
2. a. Have you ever had your name changed? ____ If yes, give reason for the change: _____
b. Other names used at any time: _____
3. Affiant's Social Security Number: _____
4. Date and Place of Birth: _____
5. Affiant's Business Address: _____
Business Telephone: _____
6. List your residences for the last ten (10) years starting with your current address, giving:

<u>DATES</u>	<u>ADDRESS</u>	<u>CITY AND STATE</u>
7. Education: Dates, Names, Locations and Degrees.
College _____ Graduate Studies _____
Others _____
8. List Membership in Professional Societies and Associations: _____
9. Present or Proposed Position with the Applicant Company: _____
10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years:

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
11. Present employer may be contacted: Yes No (Circle One)
Former employers may be contacted: Yes No (Circle One)
12. a. Have you ever been in a position which required a fidelity bond? ____ If any claims were made on the bond, give details: _____
b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? ____ If yes, give details: _____

13. List any professional, occupational or vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past. (State date license was issued, issuer of license, date terminated, reasons for termination): _____

14. During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? ____ If yes, give details: _____

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power): _____
_____ If any of the stock is pledged or hypothecated in any way, give details: _____

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? ____ If any of the shares of stock are pledged or hypothecated in any way, give details: _____

17. Have you ever been adjudged a bankrupt? _____
18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been subject to any disciplinary proceedings of any federal or state regulatory agency? ____ If yes, give details: _____

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? ____ If yes, give details: _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership rehabilitation, liquidation or conservatorship? _____

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer, director or key management person ever been suspended or revoked while you occupied such position? ____ If yes, give details: _____

Dated and signed this ____ day of _____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____
County of _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19_____.

(Notary Public)

My commission expires _____